

# Health System Strengthening Programme Evaluation

## Afghanistan

Gavi provided funding for Afghanistan's health system strengthening (HSS) programme from 2008-2013. The 2013 HSS support evaluation was commissioned by the government of Afghanistan and conducted by Governance Institute-Afghanistan.

Recognising that achieving immunisation coverage is dependent upon strong service systems the Gavi Board took the first steps to widen Gavi support to HSS in 2005.

Countries are encouraged to use Gavi HSS funding to target the "bottlenecks" or barriers in the health system that impede progress in improving the provision of and demand for immunisation and other maternal and child health (MCH) services.

Afghanistan's HSS programme focused on three key areas:

- I. Improved access to quality health care services
- II. Increase demand for and use of MCH services
- III. Strengthen Ministry of Public Health (MoPH) capacity to fulfil its stewardship responsibilities

## OBJECTIVES

The objectives of the evaluation are:

- Assess the relevance of Gavi HSS support to the country needs and health system priorities.
- Analyse concerns related to the sustainability of the Gavi-funded HSS programme.
- Identify the programme's contributions toward achieving national health goals and objectives.
- Assess the programme's impact on improving health equity.
- Measure the performance of the programme against its stated objectives and benchmarks.
- Elicit lessons learned, including strengths and weaknesses
- Provide programme and policy recommendations for improving effectiveness and impact of Gavi support in Afghanistan.

## METHODOLOGY

Findings are based on both qualitative and quantitative data collected through document review,

questionnaires, field visits, and key informant interviews.

## KEY FINDINGS

The HSS programme has successfully contributed towards strengthening the health system building blocks.

The HSS programme has succeeded in attracting considerable attention among all stakeholders including donors, civil society organisations and line ministries in Afghanistan.

Despite the fact that HSS funding was not sufficient to support all health system gaps, it complemented other donors' funds and resulted in making a real difference.

For the first time, through the establishment of public-private partnership, the private sector has been made accountable to report its progress of activities to the Ministry of Public Health (MoPH).

Among the HSS partners (UNICEF, WB and WHO), only WHO provided technical assistance in the application phase, while representation of technical support of Gavi was minimal.

Country level orientation was weak on the HSS proposal design, application, and approval process.

The lack of physical presence of Gavi representation in Afghanistan was a weakness.

The HSS programme monitoring matrix included a long list of indicators, some of which were incongruent with the realities of Afghanistan, including being set too ambitiously.

## RECOMMENDATIONS

A more manageable list of indicators with more realistic targets will help track progress more easily.

Public-private partnerships could cover hard to reach and insecure provinces to provide EPI and MCH services.

Gavi's Annual Progress Reporting could benefit from a more simplified format.

Involve all key stakeholders, including WHO, UNICEF, World Bank, MoPH senior directors and representatives of civil society organizations, in developing the HSS application.

Expand Gavi technical support by setting up an office in the country to provide more direct contact, feedback, and support to the Afghanistan team.

Reduce the number of Gavi HSS program indicators and set more realistic targets to make it easier to track performance.

Customize MoPH interventions to the context of Afghanistan.

The report's final recommendations help inform the country and Gavi Board regarding future HSS proposals from the country.

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